

**CITY OF LAWRENCE
PUBLIC RECORDS REQUEST**

Name: _____ Date of Request: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

E-Mail: _____

Form of Request: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> In-Person | <input type="checkbox"/> E-Mail (attach) |
| <input type="checkbox"/> Facsimile (attach) | <input type="checkbox"/> Letter (attach) |
| <input type="checkbox"/> Phone | |

Documents Requested:

****FOR STAFF USE ONLY****

Response due date: _____ Response processed by: _____

Initial Response

- Documents Provided
- No Such Documents Exist
- Documents Not Provided - Exception to Public Records Act
- Partial Documents Provided - Partial Exception to Public Records Act

- All Documents Provided on _____ (date). (Check reason for delay below)
- Partial Documents Provided - Remainder to be provided on _____ (date). (Check reason for delay below)

Reason for delay: (check one)

- Compile
- Review
- Obtain from storage
- Other: _____

Charges:

Cost per page: \$ _____

Number of Pages: _____

Total cost of Request: \$ _____